

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**

00366.000158.

(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_

**DEVICE FOR PERFORMING SAFETY FUNCTIONS IN AREAS WITH HIGH  
FREQUENCY RADIATION**

the specification of which  is attached hereto  was filed on \_\_\_\_\_ as United States Application No. or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo/Yr.)</u>	(Yes/No) <u>Priority Claimed</u>
GERMANY	101 04 320	25/01/2001	YES

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

**FITZPATRICK, CELLA, HARPER & SCINTO  
Customer Number: 05514**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor BERND ONDRUSCHKA

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of GERMANY

Residence 04109 LEIPZIG, GERMANY

Post Office Address KÄTHE-KOLLWITZ-STR. 35, 04109 LEIPZIG, GERMANY

Full Name of Second Joint Inventor, if any MATTHIAS NÜCHTER

Second Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of GERMANY

Residence 04347 LEIPZIG, GERMANY

Post Office Address WALDBAURSTRASSE 15, 04347 LEIPZIG, GERMANY

**COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION**  
(Page 2)

Full Name of Third Joint Inventor, if any WERNER LAUTENSCHLÄGER

Third Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of GERMANY

Residence 88299 LEUTKIRCH, GERMANY

Post Office Address AUENWEG 37, 88299 LEUTKIRCH, GERMANY

Full Name of Fourth Joint Inventor, if any \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full Name of Fifth Joint Inventor, if any \_\_\_\_\_

Fifth Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full Name of Sixth Joint Inventor, if any \_\_\_\_\_

Sixth Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full Name of Seventh Joint Inventor, if any \_\_\_\_\_

Seventh Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_